MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06739

6738

CERTIFICATE OF DEATH

Reg. Dist. No. 191

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Howard; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Centennial Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City; STREET ADDRESS (If rural, give location) Centennial Lane

3. NAME OF DECEASED (Type or Print): (First) EDMUND (Middle) LEE (Last) ANTHONY

4. DATE OF DEATH (Month) (Day) (Year): 7-14-1955 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4-25-1895

9. AGE last birthday: 60 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman

10b. KIND OF BUSINESS OR INDUSTRY: Dairy (Cress)

11. BIRTHPLACE (State or foreign country): Shanghai, W. Va

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Mary Frye

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W W I

16. SOCIAL SECURITY NO.: ?

17. INFORMANT AND ADDRESS: Mrs. Willett Mason, Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) acute myocardial infarct — Interval between onset and death: minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) 3 previous infarcts — since 5 years

(c) coronary atherosclerosis — years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none significant

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 19 55 to July, 1955, that I last saw the deceased alive on June 15, 1955, and that death occurred at 8 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Donald E. Fisher MD

ADDRESS: Ellicott City, Md.

DATE SIGNED: 7-16-55

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 7-18-55

NAME OF CEMETERY OR CREMATORY: National

LOCATION (City, town, or county) (State): Baltimore, Md

DATE REC'D BY LOCAL REG.: July 18, 1955

REGISTRAR'S SIGNATURE: John B. Loughran. Pro. B.E.L.

24. FUNERAL DIRECTOR ADDRESS: F.C. Higinbothom, Ellicott City, Md.

6739 06740

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

Item 7, Film 6184 8-1-55 ef

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 191

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Ellicott City
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Old Montgomery Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Woodbine X
STREET ADDRESS (If rural, give location) /

3. NAME OF DECEASED: (Type or Print) (First) RAYMOND (Middle) J. (Last) BECRAFT
4. DATE OF DEATH (Month) 7-20-55 (Day) (Year) 19

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	? 1897	? 58 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Howard County Road Work
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Raymond J. Becraft
14. MOTHER'S MAIDEN NAME: Eliz. Phelps

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): WW 1
16. SOCIAL SECURITY NO.: 214-18-8965
17. INFORMANT & ADDRESS: Mrs. Sylvia Becraft, Woodbine, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause 420.1 (a) Coronary artery occlusion — INTERVAL BETWEEN ONSET AND DEATH: immediate
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Charles S. Whitaker, M.D. Clarksville, Md.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ M. D.
DATE SIGNED 7-20-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-22-55	Jennings Chapel	Florence, Md.

DATE REC'D BY LOCAL REG. 7-20-55
REGISTRAR'S SIGNATURE John B. Longhouse
24. FUNERAL DIRECTOR ADDRESS C.M. Waltz, Winfield, Maryland
July 22-55 Pen. B. E. D.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06741

6740

CERTIFICATE OF DEATH

Reg. Dist. No. 194

1. PLACE OF DEATH
COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Clarksville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Hinkson Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: aryland
COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
STREET ADDRESS (If rural, give location): 1622 Thetford Road

3. NAME OF DECEASED (Type or Print): (First) LOUIS (Middle) CIPOLIA (Last)

4. DATE OF DEATH: (Month) 7-2-55 (Day) (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 1-28-55

9. AGE last birthday: yrs. If under 1 year: Months 5, Days 4, If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Baltimore, Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Salvator Cipolla

14. MOTHER'S MAIDEN NAME: Ruth Jung

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Salvator Cipolla. Towson, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 325.4 Marasmus — Interval Between Onset and Death: 4 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Mongolism — congenital

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 4, 1955, to July 2, 1955, that I last saw the deceased alive on July 2, 1955, and that death occurred at 9:15 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Charles S. Whitaker, M.D. ADDRESS: Clarksville, Maryland DATE SIGNED: 7/3/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 7-2-55
NAME OF CEMETERY OR CREMATORY: Good Shepherd
LOCATION (City, town, or county) (State): Ellicott City, Md

DATE REC'D BY LOCAL REG. 7-5-55
REGISTRAR'S SIGNATURE: Marie A. Whitaker

24. FUNERAL DIRECTOR ADDRESS: F.C. Higinbothom, Ellicott City, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06303 191

6741

CERTIFICATE OF DEATH

Reg. Dist. No. 10

1. PLACE OF DEATH:
COUNTY Balto. Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Highland Manor Nurs. Ho.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 610 N. Monroe St. 3701-4

3. NAME OF DECEASED. (Type or Print) (First) ANNIE (Middle) E. (Last) DIETRICH

4. DATE OF DEATH: (Month) July (Day) 25, (Year) 1955

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed

8. DATE OF BIRTH: Jan. 5, 1874

9. AGE last birthday 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Penna.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Hicken

14. MOTHER'S MAIDEN NAME: Mary Ann Beckley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mr. Clarence Russell - 7030 Bank St.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X IMMEDIATE CAUSE (A) Cerebral Vasc. Accident — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerosis Generalized & Cerebral

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION. 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, DF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/15, 1955, to 7/25, 1955, that I last saw the deceased alive on 7/20, 1955, and that death occurred at M, from the causes and on the date stated above.

SIGNATURE Eug J Neill M.D. ADDRESS 5226 Balt. Nat. Bldg DATE SIGNED 7/26/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 7/27/55 — NAME OF CEMETERY OR CREMATORY Western Cem. — LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REGISTRAR 7-27-55 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Wm. J. Tickner & Sons ADDRESS Balto 17 Md

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

6742

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

07814

Reg. Dist. No. 192

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Howard; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenwood
LENGTH OF STAY (In this place): 5 mths.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Route 97 at Glenwood

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brinklow
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Gordon (Middle) Allan (Last) Dorsey
4. DATE OF DEATH: (Month) July (Day) 30 (Year) 1955
5. SEX: male
6. COLOR OR RACE: col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 1/29/29
9. AGE last birthday: 26 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): truck driver
10b. KIND OF BUSINESS OR INDUSTRY: gardening
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John Hill
14. MOTHER'S MAIDEN NAME: Gladys Matthews
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): World War II
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mary C. Dorsey (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
823X Immediate cause	(a) Multiple third degree burns	instant.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: road
(CITY OR TOWN) (COUNTY) (STATE): Glenwood, Howard, Maryland
TIME (Month) (Day) (Year) (Hour) OF INJURY: July 30, 55-8 P.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? truck ran into tree, caught on fire

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Charles S. Whitaker, M.D. (Degree or title) ADDRESS: Clarksville, Maryland DATE SIGNED: 7/31/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 8-2-1955
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county): Arlington, Va. (State)
DATE REC'D BY LOCAL REG.: Aug 2, 1955
REGISTRAR'S SIGNATURE: C. Pearl Mennis
24. FUNERAL DIRECTOR: Robert R. Snowden
ADDRESS: Rockville, Md

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

06742

6743

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 194

1. PLACE OF DEATH
COUNTY: Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Clarksville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 90 Hinston Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Virginia — COUNTY: Fairfax
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Falls Church
STREET ADDRESS (If rural, give location): 6609 Glen Carlyn Drive

3. NAME OF DECEASED (Type or Print): (First) KATHLEEN (Middle) MARY (Last) GAIPA

4. DATE OF DEATH: (Month) 7-19-55 (Day) (Year) 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Single	6-5-55	yrs.	1	14		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joachim Gaipa
14. MOTHER'S MAIDEN NAME: Frances Boczar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Joachim Gaipa, Falls Church, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Multiple Congenital anomalies (hare lip,

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) cleft palate, congenital heart disease,

(c) Epilepsy mongolism)

INTERVAL BETWEEN ONSET AND DEATH: 6 weeks (congenital)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour): m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/1, 1955, to 7/19, 1955, that I last saw the deceased alive on 7/10, 1955, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Charles S. Whitaker, M.D. ADDRESS: Clarksville Md. DATE SIGNED: 7/20/55

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-20-55	Arlington National	Arlington, Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
7-20-55	Marie A. Whitaker	F.C. Higinbothom, Ellicott City, Md

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

06743

6744

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 194

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Howard
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Simpsonville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Freetown Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Simpsonville
STREET ADDRESS (If rural, give location): Freetown Road

3. NAME OF DECEASED (Type or Print): (First) CATHERINE (Middle) M (Last) JONES

4. DATE OF DEATH: (Month) July (Day) 1 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED or DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Aug 6, 1892

9. AGE last birthday: 62 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Simpsonville, Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John W. Henson

14. MOTHER'S MAIDEN NAME: Laura Bruce

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Richard Jones, Simpsonville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X Immediate cause (a) Cachexia — Interval Between Onset and Death: 6 weeks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of colon — 2 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: July 154 /

19b. MAJOR FINDINGS OF OPERATION: carcinoma of colon

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1954, to July 1, 1955, that I last saw the deceased alive on July 1, 1955, and that death occurred at 10:45 P.m., from the causes and on the date stated above.

SIGNATURE: Charles S. Whitaker, M.D. (Degree or title) ADDRESS: Clarksville, Md. DATE SIGNED: July 3, 1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 7-5-55
NAME OF CEMETERY OR CREMATORY: Locust Chapel
LOCATION (City, town, or county) (State): Simpsonville, Md

DATE REC'D BY LOCAL REG. 7-5-55
REGISTRAR'S SIGNATURE: Marie A. Whitaker

24. FUNERAL DIRECTOR ADDRESS: F.C. Higinbothom, Ellicott City, Md

6745

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06744

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:
COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Ellicott City
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS a, Taylor Manor Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pennsylvania — COUNTY York
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN York, Pa.
STREET ADDRESS (If rural give location) 215 Harding Court 75 x 3

3. NAME OF DECEASED: (Type or Print) (First) Edith (Middle) M (Last) Kauffman

4. DATE OF DEATH: (Month) July (Day) 9 (Year) 1955

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married — 8. DATE OF BIRTH June 26, 1893 — 9. AGE last birthday, IF UNDER 1 YEAR Months, IF UNDER 24 HRS. Days, Hours, Min.: 62 yrs.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): York County
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Frank Kauffman
14. MOTHER'S MAIDEN NAME: Arvilla Forrey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Charles Kauffman, York, Pa.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Coronary Occlusion (prob luetic) due to — 5 min.

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) Tertiary lues due to — years
(C)

026X

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. C.L.S. Lues — years

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 5, 1955, to July 9, 1955 that I last saw the deceased alive on July 9, 1955, and that death occurred at 5:45 P.M., from the causes and on the date stated above.

SIGNATURE ADDRESS DATE SIGNED
Irving J. Taylor M.D. Taylor Manor Hospital 7/9/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial
DATE THEREOF 7-12-55
NAME OF CEMETERY OR CREMATORY Prospect Hill
LOCATION (City, town, or county) (State) York County, York, Pa.

DATE REC'D BY LOCAL REGISTRAR July 9, 1955
REGISTRAR'S SIGNATURE John B. Longhean Pro. B. E. D.
24. FUNERAL DIRECTOR F. C. Hayes Son
ADDRESS Ellicott City

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6746

CERTIFICATE OF DEATH

Reg. Dist. No. 07818

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH.
COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) X Glenwood — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Howard.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenwood. Md. X
STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED. (Type or Print) (First) George (Middle) B. (Last) Kelly

4. DATE OF DEATH: (Month) July (Day) 6 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH. Sept 14 1890

9. AGE last birthday 64 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10B. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Va

12. CITIZEN OF WHAT COUNTRY? /

13. FATHER'S NAME: Simon Kelly

14. MOTHER'S MAIDEN NAME: Virginia Crockett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No. 212-26-7636

17. INFORMANT & ADDRESS: Mary Dugan Kelly, Glenwood, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO: Lymphosarcoma — INTERVAL BETWEEN ONSET AND DEATH: 8 mos.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO: Immunologic

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: 11/1/54

19B. MAJOR FINDINGS OF OPERATION: Biopsy. Sent in Path.

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/1, 1955, to 7/6, 1955, that I last saw the deceased alive on 7/5, 1955, and that death occurred at 4.10 AM, from the causes and on the date stated above.

SIGNATURE [signature] M.D. ADDRESS Sandy Spring DATE SIGNED 7/6/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF 7-8-55 — NAME OF CEMETERY OR CREMATORY: St Michaels — LOCATION (City, town, or county) (State): Popular Springs

DATE REC'D BY LOCAL REGISTRAR: Aug 22, 1955 — REGISTRAR'S SIGNATURE: C. Pearl Mercer — 24. FUNERAL DIRECTOR: F.C. Thompson Ellicott City — ADDRESS: Md

06745

6747

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH
COUNTY: Howard — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Old Frederick Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City
STREET ADDRESS (If rural, give location): Old Frederick Road

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) HUMPHREY (Last) KERWIN

4. DATE OF DEATH: (Month) 7-21 (Day) (Year) -1955 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 2-4-1904

9. AGE last birthday: 51 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Operator

10b. KIND OF BUSINESS OR INDUSTRY: Ho. County

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Daniel Kerwin

14. MOTHER'S MAIDEN NAME: Susan ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ?

17. INFORMANT AND ADDRESS: Floyd Kerwin, Ellicott City, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute coronary thrombosis — Interval between onset and death: 1½ hr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary atherosclerosis — years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 21, 1955, to July 21, 1955, that I last saw the deceased alive on July 21, 1955, and that death occurred at 6 15 P m., from the causes and on the date stated above.

SIGNATURE: Harold E. Fisher (Degree or title) MD ADDRESS: Ellicott City Maryland DATE SIGNED: 7-22-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7-24-55 — NAME OF CEMETERY OR CREMATORY: Good Shepherd — LOCATION (City, town, or county) (State): Ellicott City, Md

DATE REC'D BY LOCAL REG.: 7-23-55 — REGISTRAR'S SIGNATURE: John B. Longshaw Pro. B. E. L.

24. FUNERAL DIRECTOR — ADDRESS: F.C. Higinbothom, Ellicott City, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06746

6749

CERTIFICATE OF DEATH

Reg. Dist. No. 190

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physician: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Howard — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Montevideo

LENGTH OF STAY (in this place): 11 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md — COUNTY Howard

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Montevideo X

STREET ADDRESS (If rural, give location): /

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH: (Month) (Day) (Year)	5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months Days	IF UNDER 24 HRS.: Hours Min.
WALTER KURZE	7 8 19 55	M	W	married	September 30 1880	74 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
naval construction engineer with German navy		Liechenstein - Callenberg Germany	U S A

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Constanz Kurze	~~Hilda~~ Clara Baerner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No —	—	Hilda E Kurze Montevideo, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion.	1 day.
Antecedent cause(s) Disenses or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO	(b) Arterio sclerotic Heart dis.	5 yrs.
DUE TO	(c) Generalized Atherosclerosis	10 yrs.
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.	Prostatic hypertrophy	1 yr.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
5/10/54	Prostatectomy, Chr. Hypertrophy	Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 3/6, 19 54, to 7/6, 19 55, that I last saw the deceased alive on 7/7/55, 19....., and that death occurred at 7.30 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

J M Warren MD Laurel 7/8/55

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 12 1955	New Athens Cemetery	New Athens Illinois

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 8 - 55	C. Reid Williams	W. De Witt Donaldson	Laurel, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06747

6749

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH:
COUNTY Howard — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkridge
LENGTH OF STAY (in this place) 9 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5715 Main St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge
STREET ADDRESS (If rural give location) 5715 Main St

3. NAME OF DECEASED: (Type or Print) (First) Williamson (Middle) Wade (Last) Moss

4. DATE OF DEATH: (Month) July (Day) 23 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept 29-1901

9. AGE last birthday 53 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer

10B. KIND OF BUSINESS OR INDUSTRY: Chemical

11. BIRTHPLACE (State or foreign country): Baltimore City

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Williamson Wade Moss

14. MOTHER'S MAIDEN NAME: Hattie Hutchison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) N (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO. 122-12-8038

17. INFORMANT & ADDRESS: Mrs Virginia Moss 5715 Main St Elkridge 27 Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(A) Acute Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH 2 hrs
DUE TO
(B) Chr Myocarditis & Chr Obstruction of coronary artery — 1½ yrs
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mch, 1954, to July 23 1955, that I last saw the deceased alive on July 23, 1955, and that death occurred at 11:15 P M, from the causes and on the date stated above.

SIGNATURE C. F. Brumbaugh M. D. ADDRESS 56 Grant St Elkridge 27 Md DATE SIGNED July 23 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 7/26/55 — NAME OF CEMETERY OR CREMATORY Gordon Park — LOCATION (City, town, or county) Balto Md (State)

DATE REC'D BY LOCAL REGISTRAR July 25, 1955 — REGISTRAR'S SIGNATURE Mrs C. Bud Williams — 24. FUNERAL DIRECTOR Mac Nabb & Son — ADDRESS Catonsville Md

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06748

6750

CERTIFICATE OF DEATH

Reg. Dist. No. 195

1. PLACE OF DEATH
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Elkridge-27, Rural
LENGTH OF STAY (In this place) Many yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS (If not in hospital or institution, give street address or location) Waterloo Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge -27, Rural X
STREET ADDRESS (If rural, give location) Waterloo Road /

3. NAME OF DECEASED (Type or Print) (First) THEODORE (Middle) NORMAN (Last)

4. DATE OF DEATH (Month) (Day) (Year) 7-29-55 19

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 1874

9. AGE Last birthday 81 yrs. If under 1 year Months / Days / If under 24 hrs. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 215-12-4193

17. INFORMANT AND ADDRESS Carrie Norman, Elkridge, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

177X

Immediate cause (a) Carinoma of Prostate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: 9 mos.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 12/19/54

19b. MAJOR FINDINGS OF OPERATION Carcinoma of Prostate

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1st, 1954 to July 29 1955 that I last saw the deceased alive on July 27, 1955, and that death occurred at 10 m. from the causes and on the date stated above.

SIGNATURE (Degree or title) B. B. Brumbaugh M.D. ADDRESS per T.E.S., Elkridge 27 Md. DATE SIGNED 7/30/55

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 7-30-55

NAME OF CEMETERY OR CREMATORY Gaines

LOCATION (City, town, or county) (State) Elkridge, Md

DATE REC'D BY LOCAL REG. 7/31/55

REGISTRAR'S SIGNATURE Frank Shipley

24. FUNERAL DIRECTOR ADDRESS F.C. Higinbothom, Ellicott City, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06749

6751

CERTIFICATE OF DEATH

Reg. Dist. No. 191

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City
LENGTH OF STAY (in this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 11 Orchard Drive

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City
STREET ADDRESS (If rural, give location): 11 Orchard Drive

3. NAME OF DECEASED (Type or Print): (First) MAURICE (Middle) W (Last) PALMER

4. DATE OF DEATH: (Month) (Day) (Year) 7-22-1955 19

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: 3-5-1873

9. AGE last birthday: 82 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Wooden Pump Maker

11. BIRTHPLACE (State or foreign country): Harney, Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Palmer

14. MOTHER'S MAIDEN NAME: ? Gorsuch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: ?

17. INFORMANT AND ADDRESS: Mrs. Irvan Ashby, Ellicott City, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardiac Failure.	Immediate
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Carcinoma, Right Lung.	1 year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
None

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/12/ 19 54, to 7/22/ 19 55, that I last saw the deceased alive on 7/21/ 19 55, and that death occurred at 4 A. m., from the causes and on the date stated above.

SIGNATURE: William F. Hessong (Degree or title): MD ADDRESS: Ellicott City, Md DATE SIGNED: 7 22 55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 7-25-55

NAME OF CEMETERY OR CREMATORY: Mt. Pleasant

LOCATION (City, town, or county) (State): Gamber, Md.

DATE REC'D BY LOCAL REG. 7-25-55

REGISTRAR'S SIGNATURE: John B. Loughran Pro. B. E. L.

24. FUNERAL DIRECTOR ADDRESS: F.C. Higinbothom, Ellicott City, Md

MARYLAND STATE DEPARTMENT OF HEALTH

6752

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

07825

Reg. Dist. No. 13

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Howard; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenwood; LENGTH OF STAY (In this place): 5 mins.; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Route 97 at Glenwood

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brinklow; STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Sylvester (Middle) (Last) Pratt

4. DATE OF DEATH: (Month) July (Day) 30 (Year) 1955

5. SEX: male

6. COLOR OR RACE: col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 1/10/27

9. AGE last birthday: 28 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer

10b. KIND OF BUSINESS OR INDUSTRY: Gardening

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Pratt

14. MOTHER'S MAIDEN NAME: Mary Donovan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): World War II

16. SOCIAL SECURITY NO.:

17. INFORMANT: Elizabeth Pratt (wife)

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Multiple third degree burns — Interval between onset and death: inst.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: (b) (c)

20. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

21a. DATE OF OPERATION:

21b. MAJOR FINDINGS OF OPERATION:

22. AUTOPSY? Yes ☐ No ☒

23. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: road

(CITY OR TOWN) (COUNTY) (STATE): Glenwood, Howard, Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour): 7/30/55 8:00 P.M.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? truck ran into tree, caught on fire

24. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Charles S. Whitaker, M.D. ADDRESS: Clarksville, Maryland DATE SIGNED: 7/31/55

25. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: 8-2-1955 NAME OF CEMETERY OR CREMATORY: Mt Zion. LOCATION (City, town, or county) (State): Mt Zion, Md

DATE REC'D BY LOCAL REG.: Aug 23, 1955 REGISTRAR'S SIGNATURE: [illegible]

26. FUNERAL DIRECTOR: Robert R. Snowden ADDRESS: Rockville, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06750

CERTIFICATE OF DEATH

C753

Reg. Dist. No. 194

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Dayton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dayton X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Marjorie (Middle) Ellen (Last) Simpson

4. DATE OF DEATH: (Month) July (Day) 12 (Year) 1955

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 6-16-23

9. AGE Last birthday: 32 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Walter Beall

14. MOTHER'S MAIDEN NAME: Ida Hardesty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ?

17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral hemorrhage

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Rupture of Right Cerebral vessel

DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-13, 1946, to 7-12, 1955, that I last saw the deceased alive on 7-12, 1955, and that death occurred at 2:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles S. Whitaker M.D. ADDRESS Clarksville, Md DATE SIGNED 7-15-55

23. BURIAL, CREMATION, REMOVAL (Specify) buried

DATE THEREOF 7-15-55

NAME OF CEMETERY OR CREMATORY Sinticum Chapel

LOCATION (City, town, or county) (State) Clarksville Md

DATE REC'D BY LOCAL REGISTRAR 7-18-55

REGISTRAR'S SIGNATURE Marie A. Whitaker

24. FUNERAL DIRECTOR H.C. Higinbotham ADDRESS Ellicott City, Md

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06751

6754

CERTIFICATE OF DEATH

Reg. Dist. No. 19

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

V.S. A15—10-53

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Ellicott City
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Shaffer Convalescent Home,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE M d COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3 Vol-4
STREET ADDRESS (If rural give location) 1203 N. Decker Ave.

3. NAME OF DECEASED: (Type or Print) (First) Ida (Middle) (Last) Soulsby

4. DATE OF DEATH: (Month) July (Day) 2 (Year) 19 55

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed
8. DATE OF BIRTH: 4-12- 1878
9. AGE last birthday 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if not retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): M aryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John W. Cochran
14. MOTHER'S MAIDEN NAME: Lydia Richardson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: J.R.Soulsby, 1203 Decker Ave, Balto

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 443 X (A) Cerebral embolism — INTERVAL BETWEEN ONSET AND DEATH: acute

DUE TO

ANTECEDENT CAUSE (S) (B) Hypertensive CV disease — 5 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 19 55 to July 2, 19 55, that I last saw the deceased alive on July ..., 19 55, and that death occurred at M, from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS Ellicott City, Md DATE SIGNED 7/8/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 7-5-1955
NAME OF CEMETERY OR CREMATORY Asbury
LOCATION (City, town, or county) (State) Port Deposit, M d, Rural

DATE REC'D BY LOCAL REGISTRAR 7-5-1955
REGISTRAR'S SIGNATURE John B. Loughran. Pro B.C.L.
24. FUNERAL DIRECTOR Vera Patterson & Son
ADDRESS Perryville, Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06752

6755

Reg. Dist. No. 195

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Howard; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Guilford; LENGTH OF STAY (in this place) 87 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Jessup, R.F.D.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Guilford X
STREET ADDRESS (If rural, give location) Jessup, R.F.D.

3. NAME OF DECEASED (Type or Print): (First) ANNIE (Middle) SUFER (Last)

4. DATE OF DEATH: (Month) (Day) (Year) 7-12-55 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 2-10-1868

9. AGE last birthday: 87 yrs.

If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry D. Super

14. MOTHER'S MAIDEN NAME: Annie Ashenburner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Arthur Kersten, Baltimore, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Haemorrhage c

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hemiplegia

(c)

INTERVAL BETWEEN ONSET AND DEATH: 9 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION: 8

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/4/55 19..... to 7/12/55 19....., that I last saw the deceased alive on 7/12/55 19....., and that death occurred at 4P. m., from the causes and on the date stated above.

SIGNATURE: Frank Shipley, M.D. (Degree or title) ADDRESS: Savage Md. DATE SIGNED: 7/13/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 7-14-55

NAME OF CEMETERY OR CREMATORY: Christ Church

LOCATION (City, town, or county) (State): Guilford, Md.

DATE REC'D BY LOCAL REG. 7/13/55

REGISTRAR'S SIGNATURE: Frank Shipley

24. FUNERAL DIRECTOR: F.C. Higinbothom, Ellicott City, Md ADDRESS